

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1903	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2011
NAME OF PROVIDER OR SUPPLIER BETHANY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 421 OCALA DRIVE NASHVILLE, TN 37211		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation it was determined the facility failed to comply with the American Disability Acts (ADA).</p> <p>The findings include:</p> <p>(1) Observation of the 1st and 2nd floor handicapped bathrooms located in A and B halls on 2/22/11 at 11:10 AM, revealed no strobe lights installed in the bathrooms. ADA I</p> <p>(2) Observation of the of the 1st and 2nd floor handicapped bathrooms located in A and B hall on 2/22/11 at 11:15 AM, revealed no grab bars installed in the bathrooms, and no 5 ft. turn around spaces for wheel chairs. (ADA) G</p> <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/22/11.</p>	N 832	<p>Handicapped Bathroom signs removed from 1st and 2nd Floor Bathrooms immediately on 2/22/11.</p> <p>Inspected remaining facility bathrooms. No other handicapped signage was found posted in error.</p> <p>Complete inspection of entire facility signage conducted by Maintenance Director. No other problems identified with signage.</p> <p>Maintenance Department Director will inspect signage upon delivery before being posted by maintenance department staff.</p>	3-1-11	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

ADMINISTRATOR

3-4-2011

6899

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If continuation sheet 1 of 1

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